

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. _____ FILING DATE _____
APPLICANT(S) _____

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	9					
TOTAL DEP.	23					
TOTAL CLAIMS	32					

PTO-1360 (3-76)

28 1/2
- 23